Health Information Exchange Steering Committee Meeting
April 27, 2020

Agenda

- Introductions: Sandi Hoffman
- Beth Anderson, VITL: COVID-19 Response Update
- Tyler Gauthier, OneCare Vermont: Exchanging SDoH Data (AIM Project) and COVID-19 Response Efforts
- Simone Rueschemeyer, Vermont Care Partners: DA EMR Project
- Annual Plans Update
  - Revised Goals
  - Revised Meeting Structure
  - Next Steps

Providing Data to Support the State's COVID Response

4/27/2020

Overview

Enabling the Collaboration

- Directive from the State to share data for public health purposes during the declared State of Emergency consistent with the HHS Notice of Enforcement Discretion for Business Associates issued on 4/2/2020

Lessons Learned

- We are keeping a catalog of the lessons we are learning in hopes that we can address them, and be prepared to act more quickly in the future. Some are internal to our work, many will be brought back to this Steering Committee

Data Sharing

- We are working with the teams at ADS & VDH to address a number of needs
- We are also working with providers to ensure they have the data they need

VITLAccess

Getting Patient Data to Providers

- (Re-)Educating HCOs about VITLAccess availability and the data available
- Reaching out to Emergency Services Teams to introduce VITLAccess as a tool that may help them

Supporting Patient-Level Data Collection Needs of Epidemiology Team

- Provided VDH Epidemiology team training and permissions for VITLAccess, which has allowed them to:
    - Decrease need to call providers for data collection purposes to do required reporting (e.g. CDC)
    - Capture race data, as VITL access has more robust data than what they were collecting

Interfaces

Building interfaces to ensure all COVID test results are captured and available in the VHIE and to enable accurate external reporting

- UVMMC Lab Interface – UVMMC reference lab testing has moved from Mayo to the Broad Institute. VITL is working with UVMMC to get this new data into our existing lab interface so that we can receive all the positive tests for reporting and point of care use. (expecting to finalize this work any day now)

- VDH State Lab Interface – VITL is working with the VDH Staff to build a new interface to receive the results from the COVID testing that is being done by the VDH State Lab. This will be the final data that VITL is missing to have complete data on COVID testing. SFTP connection is built and awaiting messages.

Reporting

Providing Data for State's Daily Reporting Efforts

- Working to automate a daily report to populate the VDH DB that provides additional clinical data in an electronic structured way and remove need for inconsistent manual collection from providers
  - Teams have been working closely to understand the data quality and validate availability of the requested data
  - VITL has validated >95% of positive tests and the new lab feed and UVMMC interface should address this gap.
  - Data quality work also underway with Hospitals if there is missing information in their interface that is being requested

Exploring Opportunities to Provide Further Reporting Assistance

- Working with MPI Vendor (Verato) to pilot new service to gather additional demographic data
  - May allow to help evaluate effects of easing restrictions on certain industries, or provide additional demographic data for contact tracing

OneCare Vermont

Advancing Integrated Models for People with Complex Needs

Tyler Gauthier, MHA

Katie Muir, MPH

OneCare Vermont

onecarevt.org

Center for Health Care Strategy

- In 2019 CHCS released an RFP looking for innovate solutions to demonstrate person-centered strategies to improve care for adults and children with complex health and social needs

- Funding and support for this initiative comes from Robert Wood Johnson Foundation

- OneCare was one of eight sites selected nationally to participate in this 24 month pilot

- Other sites include:

  - Bread for the City, Washington D.C.

  - Center for the Urban Child and Healthy Family at Boston Medical Center, Boston, MA.

  - Denver Health, Denver, CO.

  - Hill Country Health and Wellness Center, Round Mountain and Redding, CA.

  - Johns Hopkins HealthCare, Baltimore, MD.

  - Maimonides Medical Center, Brooklyn, NY.

  - Stephen and Sandra Sheller 11th Street Family Health Services, Philadelphia, PA.
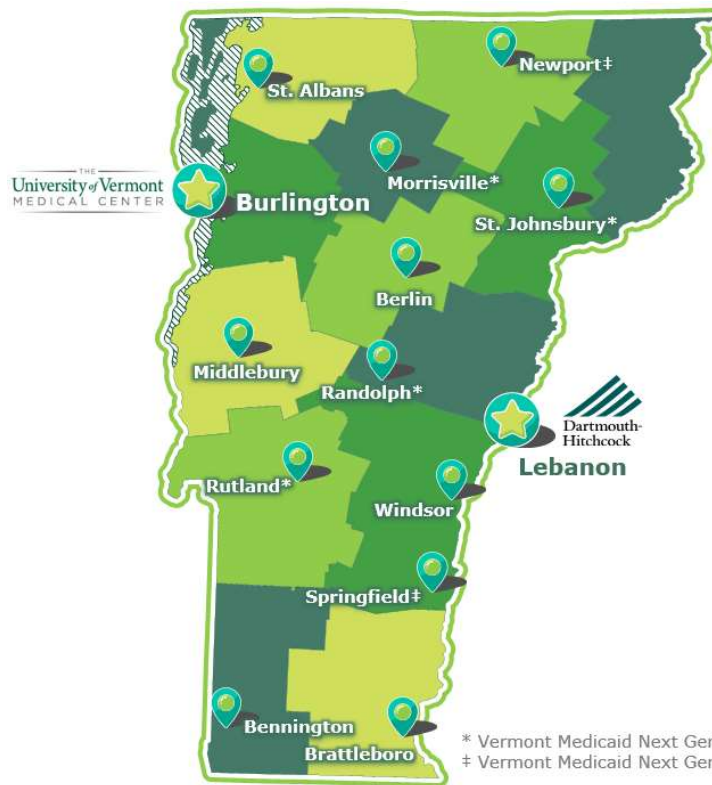
OneCare's Project Overview

- Develop a data and systems driven collaboration with Agency of Human Services and Department of Vermont Health Access (DVHA) to integrate social complexity data into OneCare's complex care coordination program

- Problem trying to solve: better identification of patients who would benefit from care coordination that claims data alone will not give us

- Ultimately OneCare wants to enhance and improve risk stratification to include social complexity data alongside medical complexity

2020 OneCare Network

~250,000 Vermonters (630,000 population)

- Medicaid (Medicaid Next Generation)
- Medicare (VT Medicare ACO Initiative)
- Commercial (BCBSVT and MVP)

14 Hospitals

133 Primary Care Practices

276 Specialty Care Practices

9 FQHCs

27 Skilled Nursing Facilities

10 Home Health Agencies

11 Designated Agencies for Mental Health and Substance Use

5 Area Agencies on Aging

* Vermont Medicaid Next Generation only
‡ Vermont Medicaid Next Generation and BCBSVT only

Project Overview, continued

- **Goals and objectives**
  - » Work with data governance experts within AHS to identify useable data
  - » Develop legal and compliance framework to exchange data
  - » Evaluate data quality
  - » Establish connectivity path between source and OneCare VT
  - » Deploy social complexity data to support person-centered care

- **What does success look like?**
  - » Social complexity data is used as deliberately as medical complexity data when considering ones overall need

Key Activities

- Establish the team – stakeholders and supporters from DVHA, AHS, OneCare and other necessary partners

- Catalog the data inventory within AHS and evaluate it's data quality state

- Prioritize useable data based on evidence of success

- Develop legal agreements and corresponding policy to support this work

- Work with the Health Information Exchange to develop data exchange means
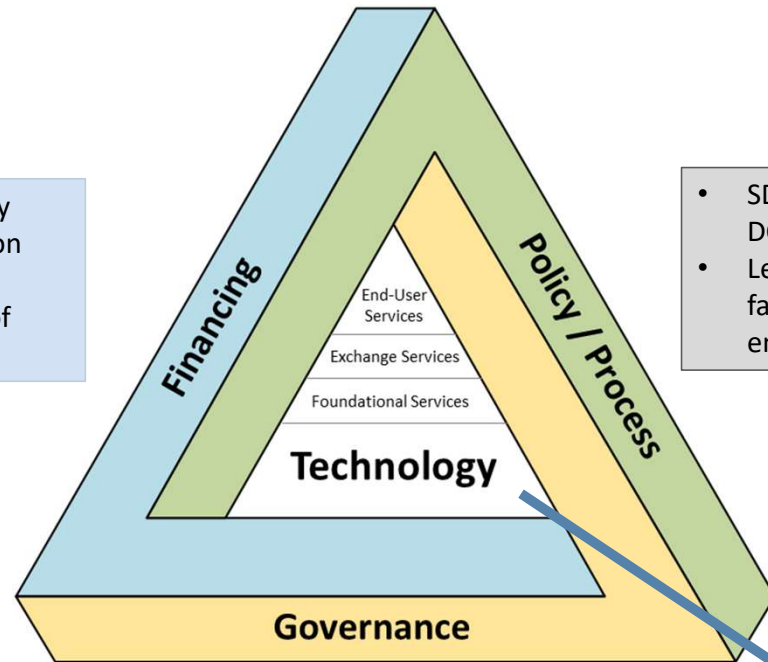
COVID-19 Impact and Action

- OneCare deployed a new self-service application to identify vulnerable members of the attributed population for care coordination outreach

- Vulnerability criteria gathered from CDC, WHO, and Johns Hopkins

- Patients with high social complexity risk and evidence of food access issues and/or social isolation

  » Food access is determined by accessing grocery store classifications from data science models, which divides grocery stores into four groups based on quality

    - Attributed lives are then evaluated against walking/driving distance to highest quality grocery store

- Social isolation quantifies socially isolated by looking at pop density, access to transportation, family composition and size, and other publically available neighborhood characteristics.

Anticipated Challenges

- Data quality
- Legal barriers
- Understanding of data use
- Patient matching
- Creating understanding of the value in this data
- Making data available in aggregate form may result in slow adoption

Exchange of Social Determinant of Health Data to Support the AIM Grant and OCV

- OneCare Vermont was awarded a grant by CHCS, funded by the Robert Wood Johnson Foundation, to enhance risk stratification efforts by leveraging social determinant of health data.

- SDOH Connectivity Criteria related to VCCI and DCF data in support of the AIM initiative
- Legal agreements between AHS & VITL to facilitate the sharing of data between SOV entities and external groups

- Set up VITL infrastructure to manage SDOH data through the collaborative services project
- Create feeds from DCF to VITL
  - Data feeds from DCF to VITL
  - TBD: Augmenting Gateway feed to support SDOH data between VITL & OCV

- HIE Steering Committee: Approve SDOH datatype, approve SDOH Connectivity Criteria, enable public investment in SDOH data management capabilities
- AHS Data Governance Council: AHS-wide legal agreements to facilitate sharing of agency data with VITL & OCV

2020/21 – SDoH Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE Interface Prioritization Developed by Subcommittee & Presented to Steering Committee	June 1, 2021	Assess and approve interface prioritization criteria
SDOH definition	TBD	
Connectivity Criteria for SDOH Data	July, 2021	Steering Committee to approve criteria
Development of data sharing agreements between • AHS & VITL • AHS & OCV • AHS, VITL & OCV	Fall, 2020	Steering Committee to review and provide feedback
Data Feeds from DCF to VITL	TBD	
Data feeds from VITL to OCV	TBD	

DA EMR Project

Simone Rueschemeyer, Vermont Care Partners

DA EMR Implementation Overview

- Nine Designated Agencies implementing new EMR platforms

- Funds appropriated by JFO being distributed through a grant managed by the Department of Mental Health.

- An independent review was requested by ADS and is underway, with a final report anticipated by May 1

Alignment with HIE Strategic Plan

Create One Health Record for Every Person

- The new EMRs will provide the agencies with the current technology necessary to reach a more level playing field with the physical health data systems. In addition, the new EMRs are necessary to position the agencies to connect to the VHIE when a privacy solution that complies with federal law is implemented.
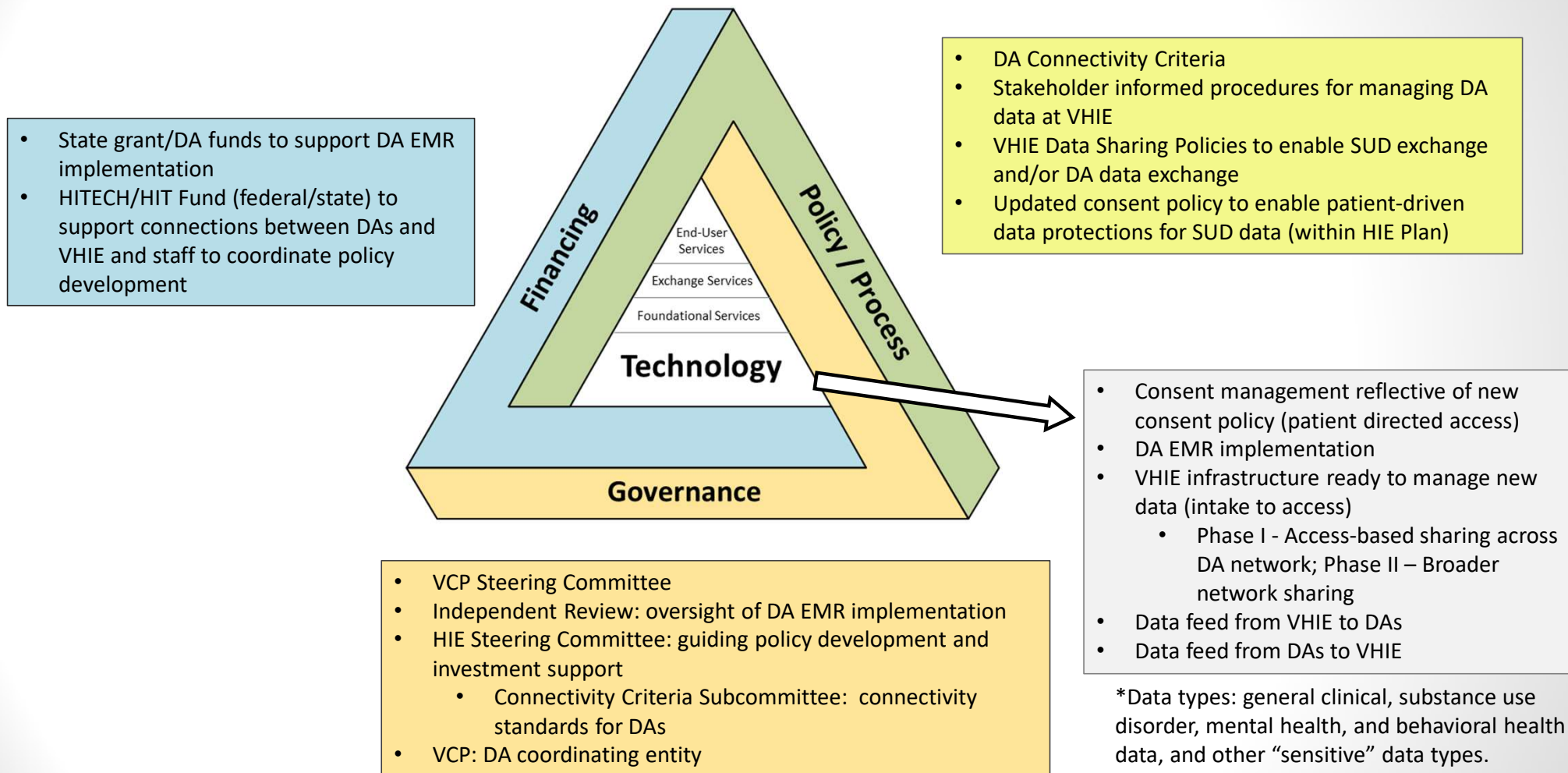
Improve Health Care Operations

- The new EMRs will help improve data quality while reducing administrative burden via better user interface which can reduce errors, and redundant data entry.

Use Data to Enable Investment and Policy Decisions

- Modern EMRs will allow more and better data to be collected through improved user interface

Exchange of DA's Health Data* via the VHIE

State grant/DA funds to support DA EMR implementation
- HITECH/HIT Fund (federal/state) to support connections between DAs and VHIE and staff to coordinate policy development

Financing
Policy / Process
End-User Services
Exchange Services
Foundational Services
Technology
Governance

- DA Connectivity Criteria
- Stakeholder informed procedures for managing DA data at VHIE
- VHIE Data Sharing Policies to enable SUD exchange and/or DA data exchange
- Updated consent policy to enable patient-driven data protections for SUD data (within HIE Plan)

- Consent management reflective of new consent policy (patient directed access)
- DA EMR implementation
- VHIE infrastructure ready to manage new data (intake to access)
  - Phase I - Access-based sharing across DA network; Phase II – Broader network sharing
- Data feed from VHIE to DAs
- Data feed from DAs to VHIE

- VCP Steering Committee
- Independent Review: oversight of DA EMR implementation
- HIE Steering Committee: guiding policy development and investment support
  - Connectivity Criteria Subcommittee: connectivity standards for DAs
- VCP: DA coordinating entity

*Data types: general clinical, substance use disorder, mental health, and behavioral health data, and other "sensitive" data types.

2020/21 – DA Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
Independent Review of DA EMR Implementation Process	June, 2020	Committee will be informed of results via the final report/VCP presentation
DA EMR Implementation Across 9 DA Entities	Fall, 2020	Committee will be updated
DA Connectivity Criteria developed by the Connectivity Subcommittee, with contributions from DA subject matter experts	July, 2020	Committee to review and approve Criteria
Updated consent policy to enable patient-driven data protections for SUD data	December 2020 – proposal from VITL to Steering Committee March – Steering Committee reviews/approves	Review VITL's proposed policy and associated stakeholder engagement process. Assess policy and resubmit HIE Plan to GMCB with updated policy.
Stakeholder informed procedures for managing DA data at VHIE & VHIE Data Sharing Policy	December, 2020	Committee to review and approve
Interface prioritization to support DA connectivity developed by Interface Prioritization Subcommittee	January, 2021	After 2020 priorities are set, the group will be reconvened to discuss 2021 priorities

Independent Review Findings – What's Next?

- Report will be presented to ADS Secretary, shared with JFO, HIE Steering Committee, DMH/DVHA leadership teams
- Findings include:
  - Potential risk to project scope and schedule of connectivity criteria
  - Potential risk of additional funding requests for foundational implementation and maintenance
- Report includes VCP and State responses to findings

Milestones – What's the Committee's Role?

- Committee will Review/Approve Connectivity Criteria
- Committee will be informed of project status
- Committee will review DA interface priorities
- Committee will review granular consent model and associated policies to enable data sharing with the VHIE

2020 Committee Plans: Update

2020 HIE Steering Committee Goals – Original Proposal

1. Continually **improve operations** by enabling the **Collaborative Services** Project's success.
   - Track and monitor execution of Phase I and II of the IT development process
   - Define the near-term priority data types for VITL to manage through the new IT infrastructure
   - Outline process for new data to flow in and out of the VHIE system
   - Define goals and objectives for Phase III

2. Leverage HIE **governance** structure to update **consent** policies and monitor consent policy implementation

3. Articulate how the Committee's actions support system-wide HIE **sustainability**

4. Update the **HIE Plan** by 11/1
   - Evaluate the IT Roadmap and determine the most appropriate next steps
   - Develop stakeholder engagement methods to obtain feedback on HIE Plan

2020 HIE Steering Committee Goals – *Revised* Proposal

1. Continually **improve operations** by enabling the **Collaborative Services** Project's success.
   a) Track and monitor execution of Phase I and II of the IT development process
   b) Define the near-term priority data types for VITL to manage through the new IT infrastructure ✔
   c) ~~Outline process for new data to flow in and out of the VHIE system~~ Focus subcommittees on key, priority efforts aimed at onboarding new data types in 2021 e.g., DA Connectivity Criteria
   d) ~~Define goals and objectives for Phase III~~

2. Leverage HIE **governance** structure to update **consent** policies and monitor consent policy implementation (limit to email updates and one presentation on evaluation results in August)

3. Articulate how the Committee's actions support system-wide HIE **sustainability**
   • Two-pronged focus:
   a) Align with national movement toward interoperability and
   b) Build on lessons learned during COVID-19
   Maintain concept: reduce burden on public funds/foster a demand-driven investment model

4. Update the **HIE Plan** by 11/1
   a) ~~Evaluate the IT Roadmap and determine the most appropriate next steps~~ Focus on gaps identified through COVID 19 response, a review of what's needed to meet original use cases, and plans in IT roadmap that further collaborative services project investment
   b) Develop stakeholder engagement methods to obtain feedback on HIE Plan

Revised Meeting Structure: The Philosophy

❖ Maintain Regular Meetings

  ❖ Meet virtually – *any suggestions to support great virtual meetings?*

  ❖ Aim to keep meetings under 2 hours

❖ Strategically Work Through Small Groups (subcommittees) to Ensure Efficient Management of Timely Activities

❖ Utilize Email More Often to Conduct Committee Business e.g., Consent Updates

❖ Special Topics Meetings: Individual or Group Meetings to Get Up-to-Speed on Topics like the 21st Century Cures Act

Next Steps

- Virtual Meeting – June 1
  - Confirm Steering Comm. Obligations Related to Onboarding of New Data Types
  - Review/Approve Subcommittees and Associated Plans
    - Subcommittees: Interface Prioritization, Consent, Collaborative Services, Connectivity Criteria – Clinical and DA EMR
  - Review DA EMR Connectivity Criteria
  - Update on Bi-State COVID response

- Email Communication in Advance of June 1
  - Pillars (Governance, IT, Policy/Process, Financing) Related to Onboarding of New Data Types
  - Results of Interface Prioritization Subcommittee's work
  - Plans for Connectivity Criteria Subcommittee focused on current clinical data
  - Collaborative Services Update

- July
  - HIE Sustainability: Continue to Outline Vermont's HIE Investment Strategy

How'd We Do?

- *Meeting successes – what should we repeat next time?*
- *How can we do better?*
- *Other thoughts?*